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FAX TRANSMISSION**DATE:** August 1, 2005**PTO IDENTIFIER:** Application Number 09/913,669
Patent Number**Inventor:** Masahiro Sakanaka et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS & ANGELL, LLP

Peter F. Corless

PHONE: (617) 439-4444**Attorney Dkt. #:** 56238 (71526)**PAGES (Including Cover Sheet):** 27**CONTENTS:** Amendment Transmittal (1 page)
Amendment (9 pages)
Appendix A (15 pages)
Certificate of Transmission (1 page)

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EDWARDS & ANGELL, LLP
P.O. Box 55874, Boston, Massachusetts 02205
Telephone: (617) 439-4444 Facsimile: (617) 439-4170

PTO/SB/97 (09-04)

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Application No. (if known): 09/913,669

Attorney Docket No.: 56238 (71526)

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Amendment Transmittal (1 page)

Amendment (9 pages)

Appendix A (15 pages)

Certificate of Transmission (1 page)

AMENDMENT TRANSMITTAL LETTER			Docket No. 56238 (71526)	
Application No. 09/913,669	Filing Date August 16, 2001	Examiner D. Khare	Art Unit 1623	
Applicant(s): Masahiro Sakanaka et al.				
CEREBROVASCULAR REGENERATION/RECONSTRUCTION PROMOTING AGENTS AND SECONDARY NERVOUS TISSUE DEGENERATION-INHIBITING AGENTS COMPRISING GINSENOSE RB1				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims		- 20 =		x
Independent Claims		- 3 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity				
<input checked="" type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 John B. Alexander, Ph.D. Attorney Reg. No.: 48,399 EDWARDS & ANGELL, LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444				Dated: <u>August 1, 2005</u>
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Docket No.: 56238 (71526)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: M. Sakanaka, et al. EXAMINER: D. Khare
SERIAL NO.: 09/913,669 GROUP: 1623
FILED: August 16, 2001
FOR: CEREBROVASCULAR REGENERATION/
RECONSTRUCTION-PROMOTING AGENTS AND
SECONDARY NERVOUS TISSUE DEGENERATION-
INHIBITING AGENTS COMPRISING GINSENOSEIDE RB1

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Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

Applicants are in receipt of the Office Action dated June 1, 2005 and request reconsideration of the above-identified application in view of the following amendments and remarks. Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

BOS2_499194_1/DKIM